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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant:	Harald Werenicz, et al.	Filed:	04/08/1998
Serial No.:	09/057,406	Customer No.	27091
Examiner:	Jeff H. Aftergut	Confirmation No.	6379
Art Unit:	1733		
Title:	METHOD FOR PRODUCING A CONTINUOUS THERMOPLASTIC COATING		

I hereby certify that the following is being facsimile transmitted to the United States Patent and Trademark Office to Fax. No. 571-273-8300:


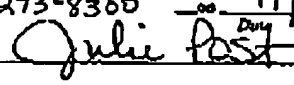
1. Amendment Transmittal Letter, 1 page;
2. Response to Office Action mailed on August 26, 2005, together with List of Claims along with Remarks, 12 pages; and
3. Associate Power of Attorney, 1 page.

11/28/2005
Date
Julie Post
Signature of Person Signing Certificate

Julie Post
Typed or Printed Name of Person Signing Certificate

(15) Pages

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 94-36-3-US-D1	
Applicant(s): Harold Werenetz et al.						
Application No. 09/057,406	Filing Date 04/08/1998	Examiner Jeff H. Aftergut	Customer No. 27091	Group Art Unit 1733	Confirmation No. 6379	
Invention: METHOD FOR PRODUCING A CONTINUOUS THERMOPLASTIC COATING						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	40	40	0	x \$50.00	\$0.00	
INDEP. CLAIMS	8	8	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 66-2241 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Kirsten K. Stone, Reg. No. 42,129 H.B. Fuller, Patent Department 1200 Willow Lake Blvd. P.O. Box 64683 St. Paul, MN 55164-0683 Phone: 651-236-5620 Fax: 651-236-5126			Dated: Nov. 28, 2005			
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